NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
04-16-2002 90142 047 ****61.25

DOCUMENT # 729574

1. Entity Name: Southwest Florida Regional Auxiliary, Inc.

830554

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2727 Winkler Ave.	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Myers, FL	City & State
Zip: 33901 Country: U.S.A.	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 591736 72 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Loretta Thomas

Street Address (P.O. Box Number is Not Acceptable): 2727 Winkler Ave.

City: Ft. Myers FL Zip Code: 33901

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	Miller, Barbara
STREET ADDRESS	1624 Pine Valley Dr.
CITY-ST-ZIP	Ft Myers, Fl 33907
TITLE	CS
NAME	Bates, Muriel
STREET ADDRESS	4670 Blackberry Dr.
CITY-ST-ZIP	Ft. Myers, FL 33905
TITLE	PD
NAME	Campbell, Wanda
STREET ADDRESS	9010 W. Ridge Ct.
CITY-ST-ZIP	Ft Myers, FL 33912
TITLE	TD
NAME	Elkin, Nancy
STREET ADDRESS	5989 Park Rd SW
CITY-ST-ZIP	Ft Myers, FL 33908
TITLE	RS
NAME	Newman, Joan
STREET ADDRESS	15091 Bagpipe Way
CITY-ST-ZIP	Ft Myers, FL 33912
TITLE	VP
NAME	Shew, Shirley
STREET ADDRESS	546 Bruce Cr.
CITY-ST-ZIP	Ft Myers, FL 33919

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CITY-ST-ZIP	

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CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Wanda Campbell (WANDA campbell) 2/27/02 939-8636 (941)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #